

# Welcome Centers Ad Hoc Committee Report

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# Introduction: need for action

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- Number of infants, children, and youth at the Centers has risen alarmingly in past six months.
- 3680\* from January to June

\*May include multiple entries of individual child or youth.

# Entries: January-June, 2015

\*\*Note: numbers may reflect multiple entries of same child or youth  
Data provided by DCFS

	January	February	March	April	May	June
Children's Center	219	204	208	257	254	393
Youth Center	359	317	319	316	418	416
Total	578	521	527	573	672	809

- **Total entries rose 40%** from January to June, with 26% increase in second quarter over first quarter.
- **Entries of children 0-2 rose by approximately 71%** in second quarter over first quarter.

# Repeat Entries to the Centers

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	January	February	March	April	May	June
CWC	21	22	20	29	31	57
YWC	36	43	29	43	60	50

Repeat entries of adolescents **increased 41%** in second quarter over first quarter.

# Changing landscape

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- State litigation - licensure for Welcome Centers
- California Child Welfare Continuum of Care Reform and AB 403
- State mandate: Core Practice Model
  - Child and family centered
  - Individually tailored
  - Addresses underlying needs

# Children's Welcome Center (CWC)

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- Children ages 0-11
- In first quarter, 199 entries aged 0-2; in second quarter, 340 infants 0-2 entered CWC, a 71% increase.
- **70% of children were new detentions**
- 10% of new detentions identified as having mental health issues
- **90% of re-placement children identified with mental health issues**
- 22% of all children and youth were under age 5

# Children's Welcome Center - Entries

\*Data provided by DCFS

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During January-June, 2015, **876** of 1533 total entries to CWC were **babies and children under 5.**

	January	February	March	April	May	June
New Detention	<b>149</b>	<b>139</b>	<b>151</b>	<b>184</b>	<b>179</b>	<b>261</b>
Re-placement	70	65	57	73	75	<b>132</b>
Total	219	204	208	257	254	393

# Traumatized children and entry into care

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- Adverse childhood experience
- Potentially life long effects on brain function, overall psychosocial development
- Negative effects of multiple placements
- Removal compounds trauma
- Supports to child and foster care provider critical to placement success
- Trauma-informed care



# Key barrier to placement

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- **Insufficient number of specific foster homes for:**
  - Babies and very young children
  - Children and youth with severe mental health problems
  - Emergency shelter care

# Obstacles to recruitment and retention of foster homes for young children

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- Visitation requirements
- Lack of quality childcare for working foster caregiver
- Prohibitive costs for some foster parents

# Obstacles to recruitment and retention of foster homes for youth

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- Lack of supports before and during placement for youth with serious mental health problems
  - Supports to youth
  - Supports to potential foster caregivers
- Lack of sufficient Intensive Treatment Foster Care homes.

# Youth Welcome Center (YWC)

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- Children and youth ages 12-21
- **In first quarter, 719 youth 14-18 entered; in second quarter, 879 youth 14-18 entered, a 22% increase in second quarter over first quarter.**
- **15% new detentions (85% re-placements)**
- **85% of re-placements identified as having mental health issues**
- 43% of total children and youth between ages 14-18.
- 261 repeat entries at YWC during first two quarters

# Why we must act

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- Early childhood and adolescence are critical times for brain development.
- Over past 10 years, number of 0-2 has risen from 15.3% of foster care population to 20.3%.
- Number of foster homes has decreased over same period.
- Traumatized children and youth are being further traumatized
- Youth with serious mental health problems are at risk of becoming homeless, incarcerated, on public assistance, vulnerable to predators and traffickers.

# A crisis is a danger and an opportunity

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- The danger:

- alarming increase in numbers of babies and young children entering, and of repeat entries of adolescents.
- Mental health status and development of children/youth further jeopardized

- The opportunity:

- **State litigation** requiring welcome centers to change operations
- **State legislation (AB 403)** and continuum of care reform away from centralized shelters and toward community-based, individualized plans
- **State mandate for Core Practice Model**

# Ad Hoc Committee Recommendations: The CWC

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- Develop plan for **aggressive recruitment of foster homes for babies and young children.**
- Convene groups to analyze needs of very young children and develop more robust supports.
- Develop private-public task force to develop solutions for key recruitment obstacles cited above.

# Ad Hoc Committee Recommendations: The YWC

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- Goal:

Design of **countywide decentralized network of community-based trauma-informed emergency shelter care**, using and adding to group home emergency contracts currently in place, to both improve services (and outcomes) for youth and meet state CPM (Core Practice Model) and CCR (Continuum of Care Reform) mandates.



# YWC Recommendations

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- Convene a **small multi-disciplinary steering committee** under auspices of OCP to make recommendations to BOS on best practice model
- Over 3 years, **replace YWC with network of emergency group home shelters**  
Intensive recruitment of additional beds countywide
- **Pilot program:**
  - Point person
  - Multi-disciplinary/departmental entry response team
- Build a **trauma-informed network of immediate (emergency) care** for youth awaiting placement or re-placement based on recommendations from Ad Hoc Committee and OCP, and lessons from the pilot program described above.

# Ad Hoc Committee Recommendation: Increasing placement resources

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- **Intensive recruitment effort to increase foster homes for**
  - very young children
  - Intensive Treatment Foster Care
  - Older adolescents

# Conclusion

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- Complex problems requiring multi-pronged solutions
- Comprehensive, system-wide plan that marshals best efforts across departments and agencies, under OCP umbrella
- Trauma-informed, community-based countywide network consistent with vision of Core Practice Model and Continuum of Care Reform